

**AFFIRMATIVE ACTION PROGRAMME**

**NOTE: KINDLY FILL THE BLOCKS IN CAPITAL LETTERS ONLY**

<b>NAME:</b>	FIRST NAME	MIDDLE NAME	LAST NAME

IN DD-MMM- YYYY FORMAT

<b>DATE OF BIRTH:</b>	
<b>CASTE: (Gen/Oth/SC / ST)</b>	<b>Sub-Caste:</b>
<b>ANNUAL INCOME P.A :</b>	<b>BPL: (✓)</b>
	<b>GENDER:</b>
	YES / NO

<b>ADDRESS</b>	<b>PERMANENT</b>	<b>CORRESPONDENCE / PRESENT</b>
Road / Area		
CITY / POST		
District & State		
PINCODE		
HOME DISTRICT	<b>STATE:</b>	

<b>CONTACT NUMBER</b>	MOBILE	ALTERNATE MOBILE	LANDLINE

<b>EMAIL ID:</b>	
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<b>HIGHEST EDUCATION:</b>	DEGREE SPECIALIZATION	YEAR OF PASSING	INSTITUTE / COLLEGE/UNIVERSITY NAME

**How did you come to know about this program/training:**

- Through College /University
- Through Press Release in newspaper:.....
- Mail from TCS
- Through posting in website
- Through NGO: NGO name:
- Through govt institutions : Pls specify institute name :
- Friends/Relatives

**Please give 3 references of your friends/Relatives to join and benefit from this programme:**

Reference	Name	Mobile Number	Relation
Ref.1			
Ref.2			
Ref.3			

**Language Proficiency (only major languages):**

Languages Known	Can Speak	Can Speak & Read	Can Speak, Read & Write

- What is the main source of income in your family?
- How many members are there in your family?
- Father: Alive (Yes / NO) Mother : Alive (Yes / No)
- Do you have any (a) chronically ill person in your family – Yes/ No; (b) any disabled person in your family – Yes / No
- Your house : (a) Has concrete roof; (b) brick wall, but no concrete roof (c) Kaccha house

TRAINER NAME	
TRAINER SIGNATURE	

**DECLARATION/UNDERTAKING**

- I, hereby, solemnly affirm that the information stated above are true and correct to the best of my knowledge And no fact has been suppressed/concealed.
- I, hereby, also declare that I shall maintain discipline during the entire period of training and abide by the rules And regulations of the training.

Date:

Place:

**Signature**

